

IMPLEMENTATION OF PUBLIC HEALTH POLICY IN THE NATIONAL HEALTH INSURANCE PROGRAM BY BPJS

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ABSTRACT

This study aims to determine the implementation of public policies in the health sector, with a focus on the implementation of the Health BPJS Program and its impact on community satisfaction. Within the framework of the national health insurance system in this country, the Health BPJS Program is one of the government's initiatives that aims to provide equal access to health for all residents. This type of research uses qualitative research methods with a descriptive approach. By examining research data. Namely, books, articles and the internet. The public policy analysis approach is carried out through a review of policies and regulations related to the BPJS Health Program, including membership requirements, claims management, and service coverage. The results of public policy analysis show that there have been significant policy changes in recent years, such as expanding service coverage and improving claims management. The result of this research is to find out how successful the National Health Insurance process carried out by BPJS is. It is hoped that the government will pay more attention to the programs being implemented.

Keywords: *Implementation Policy, National Health Insurance, BPJS*

INTRODUCTION

The government officially implemented BPJS on January 1 2014 based on article 60 paragraph 1 of Law number 24 of 2011 concerning BPJS. This is BPJS providing social services, especially in the field of health insurance. Starting in 2014, no more PT. Askes (Persero) as an insurance service that manages health insurance and then switch to BPJS Health. In the future, BPJS Health will apply for all regions of Indonesia and can be used by all levels of society Indonesia. The JKN BPJS Health program has been running for more than a year. But there are still many problems that arise in the field. In the first year period 2014-2015 there were conditions for socialization in the community. However, there are still many problems that occur in society.

Namely, there are problems with service at hospitals, loyalty, and the monthly contributions or premiums that must be paid do not match those received by BPJS Health participants. If you look at the existing problems, namely service problems and loyalty (active period). Here the author will examine three aspects of the problems that occur, namely service, inequality, and finance. The JKN program implemented by the government aims to

improve the social welfare of the community by providing easy public services, especially health aspects. In accordance with the state's objectives stated in the preamble to the 1945 Constitution, namely advancing general welfare. With this JKN program, the government should be able to improve the welfare of the community, especially the poor.

Based on the results of previous research conducted by Hajar (2013), the aim was to evaluate the implementation of Regional Health Insurance policies. The research results show that this policy has not operated efficiently. Another research by Ernawati (2013) which aims to assess the implementation of Regional Health Insurance policies shows that these policies have not been implemented in accordance with established regulations. Darlianti research (2014) which aims to assess the implementation of National Health Insurance services shows that health services in Health Insurance are still not operating effectively.

Bachtiar Dwi Kurniawan (2011), emphasized that policy implementation is an activity that occurs after the implementation of orders from public policy stakeholders including efforts both in terms of implementation and the substantive impact on society. In policy analysis, there are two types of policy coverage that we are familiar with, namely those related to the public sector (public goods) and the private sector (private goods). In the context of health policy, we categorize it more as the public sector (public goods). This is due to several characteristics that are characteristic of health policy itself, one of which is that health policy is a product of the government, even though its implementation involves many private parties and involves a series of health systems in the country. This policy is the result of collaboration between the government and the private sector, where the decisions taken also take into account political aspects. Health is a basic right for every human being, this is also contained in the 1945 Constitution articles 28 and article 34, then in Law Number 23 of 1992 which was changed to Law Number 36 of 2009 concerning health which confirms that Every human being has equal rights to obtain access to safe, quality and affordable health care. Policy implementation is an important stage in policy. This stage determines whether a policy made by the government is truly good and successful as planned. Implementation can also be conceptualized as a process because it involves several ongoing activities.

Universal Health Coverage or (Universal Health Coverage) is a community that in its group has the same and equitable method of holistic health services, including quality and essential promotive, preventive, curative and rehabilitative services, at rates that can be reached by all groups (Yuningsih 2013). according to data showing that Indonesia's health index is currently in the poor category, and is ranked 94th out of 146 countries (Legatum Institute 2018). Therefore, there is a need to improve the health system to improve the quality of health in Indonesia. So that this can be achieved, the government is carrying out reforms in the health sector through the National Health Insurance system - Healthy Indonesia Card (JKN-KIS) policy program for every Indonesian citizen. The health insurance program in Indonesia is organized by BPJS Health. The aim of this research is to analyze the implementation of the JKN-KIS policy. Studies regarding the implementation of this policy during the last two periods are one of the fundamental issues among researchers and practitioners, in order to bridge the gap between policy and reality. The aim of this research is to determine the implementation of public sector policies in the implementation of the national health insurance program by the social security administering body. What are the government's efforts to implement this policy? Using descriptive qualitative research methods using a deductive approach.

LITERATURE REVIEW

Mariam, M 2016 said that the implementation of National Health Insurance for the Indonesian people has started in the past few years. Starting with Askeskin from 2005 to 2007, which is a health insurance program aimed at people who are less able to get health insurance. Then in 2008 the program changed to Jamkesmas and in 2014 it changed to the National Health Insurance program. A public policy is a state system that regulates the relationship between the government and its citizens. Every leader or state official has an interest in controlling their country and also managing it. Managing a country means controlling direction and goals towards better improvement. The

government of a country is not only responsible for directing and achieving goals, not only for managing the nation for improvement through subsequent public policies. The 1945 Constitution of the Republic of Indonesia is based on human rights. Access to resources in the healthcare sector and the right to receive safe and best medical care are among these rights. According to Article 36 of the Constitution of the Republic of Indonesia, regarding health, the government plans, regulates, implements, fosters and supervises the implementation of health distribution. (Health Law, 2009).

National Health Insurance is one component of the National Social Security System which is implemented through the mandatory social health insurance program based on Law Number 40 of 2004 concerning the National Social Security System. The aim of this system is to provide basic needs for everyone who contributes and is funded by the government. conditions necessary for adequate public health. It is hoped that the National Health Insurance Program, which is overseen by BPJS Health, will benefit the entire community, especially the less fortunate, who have had difficulty getting adequate and quality health services. (Ramlan, T. S., & Sugiarti, D. K. 2017).

METHODOLOGY

This type of research uses qualitative research methods with a descriptive approach. By examining research data. Namely, books, articles and the internet. Where the sample is small but more emphasis is placed on individual perceptions in responding to how we can see the implementation of policies in the BPJS Health program. This descriptive analysis is used because researchers want to obtain an overview or description of phenomena that occur in the implementation of Minister of Health Regulation no. 28 2014 concerning guidelines for implementing the national health insurance program. With Using this method, researchers can know, understand and obtain an in-depth description of the implementation of the policy studied.

DISCUSSION

One of the government's health initiatives, National Health Insurance, aims to provide equal access to health to everyone through a health insurance system. The Social Security Administration (BPJS), also called BPJS Health, is responsible for implementing part of this plan. To ensure that people have access to health services, BPJS Health implements a premium system. Community health centers and clinics which are classified as level one health facilities in the BPJS Health implementation guidelines are the first health facilities that residents must use to obtain health services.

The initial entity is PT. Askes, Jamsostek, Taspen, and Asabri, four state-owned companies that are combined into BPJS Health. works at BPJS. BPJS Health acts as the Executing Agency. a public legal organization established to manage Indonesia's national health insurance program. According to the decision of the 58th World Health Assembly (WHA) in Geneva in 2005, the government aims to implement everyone's right to social security and provide general social protection and welfare in order to achieve Universal Health Coverage (UHC). BPJS Health came into effect on January 1 2014. The program is now known as the National Health Insurance Program (JKN).

According to Marille S. Grindle (1980), the success of policy implementation depends on the content of the policy and the environment. The following components are part of the Policy content: (1) interests of the target group, (2) benefits offered, (3) location for decision making, (4) level of change, (5) program implementation and (6) material resources.

Target Group Interests

Regardless of their limitations within a particular organization, the aim of National Health Insurance is to ensure that all Indonesians have equal access to health services. The target is that in 2019 all Indonesian citizens can register for JKN in 2019. The entire population of Indonesia is the target of this event. Individuals of all classes are covered by the National Health Insurance Program. With the help of public finances, this project aims to guarantee

that everyone can get the best medical care in certain hospitals. The program is also intended to be accessible to the most disadvantaged members of society so they can gain access to high-quality medical care.

The benefits received by JKN participants can now be accessed by everyone, especially the lower middle class. The JKN approach has resulted in higher quality health services. Administrative health services are a vital issue that is deemed to need attention, along with education and the economy. Participants who have previously registered for ASKES, ASKESKIN, JAMKESMAS, and JAMKESDA are no longer required to pay monthly contributions because they have been approved as Contribution Assistance Recipients (PBI). Through the APBD, BPJS Health secures financing for PBI participants. However, depending on the class they enroll in, individuals who enroll themselves will need to pay a monthly fee. The benefits of health services provided to JKN participants are regulated by Minister of Health Regulations. Regulation no. 28 of 2014, which regulates the implementation of the National Health Insurance Program. (Marille S. Grindle 1980) in (Basuki, E. W., & Herawati, N .R 2016).

Location of the National Health Insurance Policy

In order to be enforceable, policies established by various government entities must be put into writing that is legally binding. These written documents, also known as legal products, are created at a level embedded in the policy decision-making structure. The National Social Security System is regulated in Law Number 40 of 2004 which is the legislative basis for the National Health Insurance (JKN) policy. At the start of JKN implementation in 2014, various problems emerged in the field due to a lack of cooperation. The Minister of Health issued Minister of Health Regulation Number 28 of 2014 which regulates guidelines for implementing JKN, responding to this. Every part of the implementation of the JKN policy is regulated in a Minister of Health Regulation. The Ministry of Health, central agencies, district/city health services, and BPJS Health which is tasked with managing the JKN program are the three organizations that are crucial in implementing the JKN policy. These three institutions have an impact on the implementation of JKN policies. (Basuki, E. W., & Herawati, N.R 2016).

Evaluation of National Health Insurance Policy

Targets must be met for each program, including the National Health Insurance (JKN) policy. The main goal of JKN is to improve health services and raise health standards for all Indonesian people. Initially, both at the central and district/city levels, the government fell far short of expectations in providing health services, especially for those below the poverty line. However, the government continues to strive to improve health services by implementing policies related to health insurance. An important step towards modernizing Indonesia's health insurance system was the implementation of National Health Insurance on 1 January 2014. JKN is managed by BPJS Health, previously known as PT. ASKES (Persero). Establishment of JKN In order to improve the health status of the Indonesian people, changes in health services began with this policy. To ensure that no one else, especially those less financially well off, struggle to get hospital care, this is being done. Characteristics of National Health Insurance Policy Implementation The quality of implementing a policy is one of the factors that influences its success. The person responsible for implementing the National Health Insurance policy, BPJS Health, has the dedication and character needed to make the policy a success. This can be seen from the socialization of the National Health Insurance Policy launched by BPJS Health and implemented by the Health Service. (Basuki, E. W., & Herawati, N.R 2016)

Resources for the Implementation of the National Health Insurance Policy

Resources, especially human and financial resources, are essential for policy implementation. Every policy requires resources, including financial and human resources, to ensure its continuation. Human resources implement policies, so that if they are sufficient in number and meet the requirements to do so in accordance with the established policy formulation, then policy implementation will run smoothly. Financial resources are essential

because without sufficient funds, initiatives cannot be implemented successfully. As a result, policy implementation will be slow.

Barriers to the Implementation of National Health Insurance

When BPJS Health implemented JKN, various issues and concerns emerged. Both internal and external sources, such as service providers from within the company and service providers from outside the organization, have contributed to these issues and problems.

1. External Barriers

Lack of public awareness

Raising social awareness is a challenging task. Many people do not fully benefit from social security and the concept of cross subsidies. Even though they can afford class I because they think the payments are still too high, both the upper and lower middle classes prefer to use class III because the premiums are cheaper. Lack of awareness of the need to pay fees for independent participants Many local residents register for National Health Insurance (JKN) solely to get free medical care if they get sick. However, many of them stop paying after they recover. If there is no deposit for six months, it is even said that the withdrawal will be cancelled. month. The new regulations require new sellers to wait at least 7 days before getting a guarantee. Everyone in society should understand how important health insurance is.

JKN participants do not know the JKN service procedures and tiered referral system.

This is caused by a lack of socialization which may not be widespread, or a lack of public interest in hearing about JKN. Many people are not sure where the hospital is, where to go for help if they have problems, etc. JKN planners and implementers must handle this issue carefully. (Basuki, E. W., & Herawati, N.R 2016)

2. Internal Barriers Regulations continue to develop

The government has not fully committed to acting in accordance with appropriate and legally binding laws and regulations. to offer the best policies in the best interests of its citizens. While the policy is being successfully implemented, regulations are being refined. The government realizes that there are still many restrictions that can be changed, such as changes to capitation. There are several obstacles in implementing BPJS in General Hospitals. One of them is the lack of public awareness of the BPJS program, so many of them feel that this program is not being socialized properly. Apart from that, low participation or lack of involvement in fulfilling the requirements to get BPJS also causes some people to be late in getting services at the hospital. During research at the General Hospital, these two obstacles became the main focus known to researchers. (Ade Irma and Agung Suharyanto 2016).

National Health Insurance (JKN) through BPJS Health has a big influence on health services for poor people. Even though there are substantive weaknesses, such as a lack of friendliness and discipline, the positive impact of implementing BPJS on health services for the poor remains significant. In overcoming these problems, the necessary solutions must adopt a comprehensive approach. More intensive outreach is needed to increase public awareness about the JKN and BPJS Health programs. In addition, cooperation and coordination with external parties, such as NGOs or community groups, needs to be improved to obtain more diverse input and perspectives.

Partnership and community empowerment are also key in creating a physically and psychologically healthy environment. Citizen participation is very important to improve the quality of their health. The government can provide assistance in the form of productive economic businesses, skills training, development of children and youth, as well as involving the community in efforts to improve a clean environment. It is important for the government not only to focus on implementing programs for the poor, but also to ensure that the benefits are strategic and sustainable. A "person-in-situation" approach that views poor people as individuals with unique problems and potential must also be applied. This can be done through productive economic support, family empowerment, and active community participation in improving their health. In the context of regional autonomy, implementing this approach is more effective if it is carried out by regional governments that are closer to the conditions and needs of poor communities directly. (Nora Eka Putri 2014).

CONCLUSION and RECOMMENDATION

One of the government health programs currently being used is the National Health Insurance Program. This policy aims to provide equitable health services to all citizens by utilizing the health insurance system. This policy can be implemented by BPJS Health, the Social Security Administering Body. BPJS Health is tasked with ensuring that the general public has access to health care through the use of a premium system. Establish a robust monitoring and evaluation framework to assess the performance and impact of the National Health Insurance Program. Regularly evaluate key indicators such as healthcare utilization rates, patient satisfaction levels, and health outcomes to gauge the effectiveness of the program and identify areas for improvement.

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